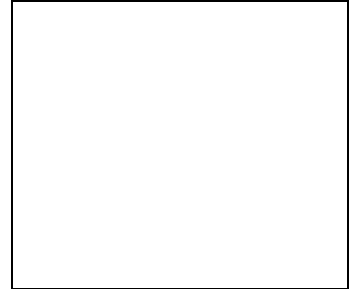




Public Protection
Department of Housing, Buildings and Construction
Attn: Fire Protection Systems
101 Sea Hero Road Suite 100
Frankfort, Kentucky 40601-5405
Phone 502-573-0385
Fax 502-573-1598



Renewal Application for Sprinkler Systems Certification

SSR# _____

Picture

Applicant

Employer/Business

Name: _____

Name: _____

Address: _____

Street Address: _____

City: _____ County: _____

P.O. Box No. _____ Zip: _____

State: _____ Zip: _____

City: _____ County: _____

Phone: (____) _____

State: _____ Zip: _____

Social Security No.: _____

Phone: (____) _____

Date of Birth: _____ / _____ / _____
Month Day Year

Federal I.D. #: _____

E-Mail Address: _____

Height _____; Weight _____; Color of Eyes _____

() Send Mail to Home Address

() Send Mail to Business Address

Enclose Color Passport Photograph For Identification Card Use.

Enclose a nonrefundable renewal fee of fifty dollars (**\$50.00**)

SEND NO CASH! Make check or money order payable to **Kentucky State Treasurer**

This application will not be processed unless the KHEAA statement is signed, initialed (both places) and dated

_____ (Initial) I am not in default of any student loans backed by the KHEAA (Kentucky Higher Education Association Authority). I understand that if I am in default of any student loans backed by the KHEAA, I cannot receive a Kentucky Fire Sprinkler Systems Certification at this time.

_____ (Initial) I confirm that all information contained on and submitted with this application is current and true to the best of my knowledge.

Deceptive or misleading statements by the applicant shall be grounds for denial or shall be grounds to revoke or suspend a certification if issued.

SIGNATURE: _____ Date: _____

